

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

9243

63-037825

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 19 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **ST. LOUIS, MO.**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **ST. LOUIS CITY HOSP. #1**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **1217 a.N. Prairie Ave**

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First **BESSIE**

Middle

Last **MARTIN**

4. DATE  
OF  
DEATH

Month **9-15-63**

Day

Year

## 5. SEX

**Female**

## 6. COLOR OR RACE

**Negro**

## 7. Married

☐ Never Married ☒ Widowed ☐ Divorced

## 8. DATE OF BIRTH

**12-9-1882**

## 9. AGE (last birthday)

**80**

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Domestic Work**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Pvt. Families**

## 11. BIRTHPLACE (City and state or country)

**St. Louis, Missouri**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A**

## 13a. FATHER'S NAME

**Baccus Johnson**

## 13b. MOTHER'S MAIDEN NAME

**Mary Pitts**

## 14. NAME OF HUSBAND OR WIFE

**Dead**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**no none**

## 16. SOCIAL SECURITY NO.

**none**

## 17. INFORMANT

**Charles Johnson 1217 N. Prairie Ave**

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**acute pyelitis**

INTERVAL BETWEEN  
ONSET AND DEATH

#### DUE TO (b)

**arteriosclerotic nephrosclerosis**

#### DUE TO (c)

**446X**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**9-5-63**

## 20f. CITY, TOWN, OR LOCATION

**9-15-63**

## COUNTY

**9-15-63**

## STATE

**9-15-63**

21. I attended the deceased from **9-5-63** to **9-15-63** and last saw her alive on **9-15-63**  
Death occurred at **4:45 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**Richard L. Phillips M.D.**

(Degree or title)

## 22b. ADDRESS

**1515 LAFAYETTE AVE**

## 22c. DATE SIGNED

**9-15-63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**9/18/63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Greenwood Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis County Missouri**

(State)

## 24. FUNERAL DIRECTOR

**C.W. Roberts Und. Co 1416 N. Taylor Ave**

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

**SEP 16 1963**

## 26. REGISTRAR'S SIGNATURE

**Good Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.